

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/627398 FILING DATE

APPLICANT(S)

7/29/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
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44			1			
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49						
50						
TOTAL IND.	12		12			
TOTAL DEP.	20	↓	27	↓		↓
TOTAL CLAIMS	32		39			

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100					
TOTAL IND.					
TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS					